APPLICANT MUST FILL OUT THE FORM COMPLETELY



Department of Public Safety STATE FIRE MARSHAL'S OFFICE



APPLICATION FOR INSPECTION, PERMIT, OR LICENSE.

52 State House Station Augusta, ME 04333-0052

Tel. (207) 626-3880

FAX: (207) 287-6251

	APPLICATION FOR	RFIREWOF	KS TECH	HNICIAN LICE	NSE			
CHECK ONE APPLICATION FOR N New applicant Fee: \$1		APPLICATION FOR RENEWAL: Renewal Fee: \$25.00						
HAVE ANY OF YOUR PREVIOUS				NO	YES	3		
In accordance with the pro- fire off or explode firework automatic disapproval of p cost of the records check.	s. A records check will	be conducted	on all appli	cants. Misreprese	ntation will b	oe grounds	s for	
Name: LAST MIDDLE		FIRST		LEGAL RESIDENCE				
Street address:					SOCIAL SECURITY NUMBER			
Mailing address:				5	OCIAL SECUP	I I Y NUIVIBEI	-1	
	State	State Zip Co		DATE OF BIRTH				
City:	State	State Zip Code			Telephone:			
this application. Pho	ude two passport type photos can be taken at the Glicant must review the attacor processing.	otos of themsel ardiner Office iched ID form	lves measuri from 8:00 ar for accuracy	ng 1 inch by 1 inch in to 5:00 p.m. Mon and sign the ID for	day through rm prior to			
LIST ANY CHANGES HERE	PLEASE MAKE ANY CHA		STATE OF MAINE LICENSE					
NAME	3	٨	FIREWORKS TECHNICIAN					
DATE OF BIRTH		A	NAME					
HEIGHT			DATE O	FBIRTH			K	
WEIGHT			COMPA	NY P				
COLOR OF EYES			HEIGH	T WEIGHT	EY	ES	TIO	
	SIGNATURE				E	,	FICA	
HAIR COLOR	LICENSE	LICENSE NO.		DATE ISSUED		DATE EXPIRES		
							IDENTIIFICATION	
				V. I.OE 01 1				
•	DEPARTMENT (
Fee For renewal: \$25.00 New License Fee: \$180.00 DATE:	SENT TO INSPECTOR FOR TESTING? DATE:	DATE:		PERMIT ISSU DATE:	FISSUED PERMIT#:		T#:	